

FILED OR CLERKED BY MAIL
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA

(State)

Case number (*If known*): _____

Chapter you are filing under:

Check if this is an
amended filing

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

2020 DEC 14 PM 1:08

M. REGINA THOMAS
CLERK

Rachael Smith
CLERK

21-59288

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

LATOYIA

First name

Middle name

ROBERTS

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

First name

Middle name

Middle name

Last name

Last name

First name

First name

Middle name

Middle name

Last name

Last name

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name Case number (if known)

| | |
|--|---|
| <p>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</p> <p>xxx - xx - <u>2</u> <u>7</u> <u>9</u> <u>5</u></p> <p>OR</p> <p>9 xx - xx - _____</p> | <p>xxx - xx - _____</p> <p>OR</p> <p>9 xx - xx - _____</p> |
| <p>About Debtor 1:</p> <p>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p>Include trade names and <i>doing business as</i> names</p> | |
| <p><input type="checkbox"/> I have not used any business names or EINs.</p> <p>DOORDASH</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p> <p>EIN _____</p> | |
| <p>About Debtor 2 (Spouse Only In a Joint Case):</p> <p><input type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p> | |
| <p>5. Where you live</p> <p>If Debtor 2 lives at a different address:</p> <p>313 HAYMARKET LANE</p> <p>Number Street _____</p> <p>Number Street _____</p> <p>LAWRENCEVILLE GA 30046</p> <p>City State ZIP Code</p> <p>GWINNETT COUNTY</p> <p>County _____</p> <p>City State ZIP Code</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street _____</p> <p>Number Street _____</p> <p>P.O. Box _____</p> <p>P.O. Box _____</p> <p>City State ZIP Code</p> <p>City State ZIP Code</p> | |

| | | | |
|----------|------------|-------------|---------------------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (<i>if known</i>) _____ |
| | First Name | Middle Name | Last Name |

6. Why you are choosing *this district* to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

| | | | |
|----------|------------|-------------|------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (if known) |
| | First Name | Middle Name | Last Name |

| | |
|---|---|
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Yes. Debtor _____ Relationship to you _____ |
| | District _____ When _____ Case number, if known _____ MM / DD / YYYY |
| | Debtor _____ Relationship to you _____ |
| | District _____ When _____ Case number, if known _____ MM / DD / YYYY |
| 11. Do you rent your residence? | <input type="checkbox"/> No. Go to line 12. <input checked="" type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you? |
| | <input checked="" type="checkbox"/> No. Go to line 12. <input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition. |

Part 3: Report About Any Businesses You Own as a Sole Proprietor

| | |
|---|--|
| 12. Are you a sole proprietor of any full- or part-time business? | <input checked="" type="checkbox"/> No. Go to Part 4. <input type="checkbox"/> Yes. Name and location of business |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | <p>Name of business, if any _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Check the appropriate box to describe your business:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> None of the above</p> |

| | |
|--|--|
| 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). <input checked="" type="checkbox"/> No. I am not filing under Chapter 11. <input type="checkbox"/> No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. <input type="checkbox"/> Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. <input type="checkbox"/> Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. |
|--|--|

Debtor 1 LATOYIA ROBERTS Case number (*if known*) _____
First Name Middle Name Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street _____

City _____

State _____

ZIP Code _____

| | | | |
|----------|------------|-------------|---------------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (<i>if known</i>) |
| | First Name | Middle Name | Last Name |

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- No
 Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1841, 1519, and 3571.



Signature of Debtor 1

Executed on 12 14 2021
MM / DD / YYYY



Signature of Debtor 2

Executed on
MM / DD / YYYY

Debtor 1 LATOYIA ROBERTS Case number (if known) _____
First Name Middle Name Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.


Signature of Attorney for Debtor

Date

12 14 2021
MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone _____ Email address _____

Bar number

State

| | | | | |
|--|---------------------------|---------------------|--------------------------|------------------------|
| Debtor 1 | First Name LATOYIA | Middle Name | Last Name ROBERTS | Case number (if known) |
| <p>For you if you are filing this bankruptcy without an attorney</p> <p>If you are represented by an attorney, you do not need to file this page.</p> <p>The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.</p> <p>To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.</p> <p>You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.</p> <p>If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.</p> <p>Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Name of Person _____</p> <p>Attach <i>Bankruptcy Petition Preparer's Notice, Declaration, and Signature</i> (Official Form 119).</p> <p>By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.</p> <p> Signature of Debtor 1</p> <p>Date <u>12 14 2021</u> MM / DD / YYYY</p> <p>Contact phone +14043225567</p> <p>Cell phone _____</p> <p>Email address TOYIA08@GMAIL.COM</p> <p> Signature of Debtor 2</p> <p>Date _____ MM / DD / YYYY</p> <p>Contact phone _____</p> <p>Cell phone _____</p> <p>Email address _____</p> | | | | |

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | LATOIA | ROBERTS | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:
lived there

Dates Debtor 2
lived there

Same as Debtor 1

Same as Debtor 1

208 SOUTH BUDDING AVENUE

Number Street

From 2014

From _____

To 2019

To _____

Number Street

VIRGINIA BEACH VA 23452

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From _____

From _____

To _____

To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

| Debtor 1 | Debtor 2 |
|--|---|
| Sources of income Check all that apply. | Sources of income Check all that apply. |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips \$ 39480.00 <input checked="" type="checkbox"/> Operating a business |
| For last calendar year: (January 1 to December 31, 2020 YYYY) | Wages, commissions, bonuses, tips \$ 39000.00 <input checked="" type="checkbox"/> Operating a business |
| For the calendar year before that: (January 1 to December 31, 2019 YYYY) | Wages, commissions, bonuses, tips \$ 22175.00 <input checked="" type="checkbox"/> Operating a business |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

| Debtor 1 | Debtor 2 |
|--|---|
| Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | \$ _____ \$ _____ \$ _____ |
| For last calendar year: (January 1 to December 31, 2020 YYYY) | \$ _____ \$ _____ \$ _____ |
| For the calendar year before that: (January 1 to December 31, 2019 YYYY) | \$ _____ \$ _____ \$ _____ |

| | | | |
|----------|------------|-------------|---------------------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (<i>if known</i>) _____ |
| | First Name | Middle Name | Last Name |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name | Number Street | City | State | ZIP Code | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|-----------------|---------------|-------|-------|----------|------------------|-------------------|----------------------|---|
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City State ZIP Code | | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Insider's Name | | \$ _____ | \$ _____ | |
| Number Street | | | | |
| City State ZIP Code | | | | |

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|-------------------------------------|--|--|
| Case title _____ _____ _____ | Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ _____ _____ | Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case title _____ _____ _____ | Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ _____ _____ | Court Name _____ Number Street _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

| Describe the property | Date | Value of the property |
|---|-----------------------|-----------------------|
| Creditor's Name _____ _____ _____ | _____ | \$ _____ |
| Number Street _____ _____ _____ | Explain what happened | |
| <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| City _____ State _____ ZIP Code _____ _____ _____ | Describe the property | |
| Creditor's Name _____ _____ _____ | _____ | Date |
| Number Street _____ _____ _____ | Explain what happened | |
| <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| City _____ State _____ ZIP Code _____ _____ _____ | Value of the property | |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

| Describe the action the creditor took | | Date action was taken | Amount |
|---------------------------------------|----------------|---|----------|
| Creditor's Name | | | \$ _____ |
| Number Street | | | \$ _____ |
| City | State ZIP Code | Last 4 digits of account number: XXXX-_____ | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift | | | \$ _____ |
| Number Street | | | \$ _____ |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift | | | \$ _____ |
| Number Street | | | \$ _____ |
| City State ZIP Code | | | |
| Person's relationship to you | | | |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Date you contributed

Value

Charity's Name

Number Street

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Date of your loss

Value of property lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

| Debtor 1 | LATOYIA | ROBERTS | Case number (if known), | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|-------------------------|---|--|------------------------|------------------------------|-------|----------|---------------|-------|----------|---------------------|-------|-------|------------------------------|-------|-------|---|-------|-------|---------------|-------|-------|---------------------|-------|-------|------------------------------|-------|-------|
| | First Name | Middle Name | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Description and value of any property transferred</th> <th style="width: 10%;">Date payment or transfer was made</th> <th style="width: 10%;">Amount of payment</th> </tr> </thead> <tbody> <tr> <td>Person Who Was Paid</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Number Street</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>City State ZIP Code</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Email or website address</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Person Who Made the Payment, if Not You</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | Person Who Was Paid | _____ | \$ _____ | Number Street | _____ | \$ _____ | City State ZIP Code | _____ | _____ | Email or website address | _____ | _____ | Person Who Made the Payment, if Not You | _____ | _____ | | | | | | | | | |
| Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Who Was Paid | _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street | _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP Code | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email or website address | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Who Made the Payment, if Not You | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Description and value of any property transferred</th> <th style="width: 10%;">Date payment or transfer was made</th> <th style="width: 10%;">Amount of payment</th> </tr> </thead> <tbody> <tr> <td>Person Who Was Paid</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Number Street</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>City State ZIP Code</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | Person Who Was Paid | _____ | \$ _____ | Number Street | _____ | \$ _____ | City State ZIP Code | _____ | _____ | | | | | | | | | | | | | | | |
| Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Who Was Paid | _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street | _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP Code | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Description and value of property transferred</th> <th style="width: 10%;">Describe any property or payments received or debts paid in exchange</th> <th style="width: 10%;">Date transfer was made</th> </tr> </thead> <tbody> <tr> <td>Person Who Received Transfer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number Street</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>City State ZIP Code</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Person's relationship to you</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Person Who Received Transfer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number Street</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>City State ZIP Code</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Person's relationship to you</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made | Person Who Received Transfer | _____ | _____ | Number Street | _____ | _____ | City State ZIP Code | _____ | _____ | Person's relationship to you | _____ | _____ | Person Who Received Transfer | _____ | _____ | Number Street | _____ | _____ | City State ZIP Code | _____ | _____ | Person's relationship to you | _____ | _____ |
| Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Who Received Transfer | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP Code | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person's relationship to you | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Who Received Transfer | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Street | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP Code | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person's relationship to you | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Description and value of the property transferred

Name of trust _____

Date transfer was made _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

| Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---------------------------------|-------------------------------|--|---|
|---------------------------------|-------------------------------|--|---|

Name of Financial Institution

XXXX- _____

Checking

\$ _____

Number Street

Savings

City State ZIP Code

Money market

Brokerage

Other _____

Name of Financial Institution

XXXX- _____

Checking

\$ _____

Number Street

Savings

City State ZIP Code

Money market

Brokerage

Other _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name _____

No

Number Street

Number Street _____

Yes

City State ZIP Code

| | | | |
|----------|------------|-------------|------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (if known) |
| | First Name | Middle Name | Last Name |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

| | | |
|---|---|--|
| Who else has or had access to it? | Describe the contents | Do you still have it? |
| PUBLIC STORAGE Name of Storage Facility | LAMPS, DRESSER, COUCH AND CLOTHES, TWO BEDS | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| 1409 DIAMOND SPRINGS ROA Number Street | | |
| VIRGINIA BEAC VA 23455 City State ZIP Code | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

| | | |
|------------------------|-----------------------|----------|
| Where is the property? | Describe the property | Value |
| Owner's Name | | \$ _____ |
| Number Street | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

| | | |
|---------------------|-----------------------------------|----------------|
| Governmental unit | Environmental law, if you know it | Date of notice |
| Name of site | | |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|-------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | _____ |
| Number Street | Number Street | _____ |
| City | State ZIP Code | _____ |
| City | State ZIP Code | _____ |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|-----------------|---------------------|--------------------|
| Case title | Court Name | _____ |
| Number Street | City State ZIP Code | _____ |
| Case number | City State ZIP Code | _____ |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|---------------------|-------------------------------------|--|
| Number Street | _____ | EIN: _____ |
| City State ZIP Code | _____ | Dates business existed From _____ To _____ |
| Business Name | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| Number Street | _____ | EIN: _____ |
| City State ZIP Code | _____ | Dates business existed From _____ To _____ |

| | | | |
|---------------------|------------|-------------|---|
| Debtor 1 | LATOIA | ROBERTS | Case number (if known) |
| | First Name | Middle Name | Last Name |
| Business Name | | | Describe the nature of the business |
| Number Street | | | Name of accountant or bookkeeper |
| City State ZIP Code | | | Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 1

Date 12/14/2021

Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

| | | |
|---|------------------------------|-------------|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA | |
| Case number | | |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1.

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

| | | | |
|--|------------|-------------|---|
| Debtor 1 | LATOYIA | ROBERTS | Case number (if known) |
| | First Name | Middle Name | Last Name |
| 1.3. Street address, if available, or other description | | | What Is the property? Check all that apply. |
| | | | <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other _____ |
| City _____ State _____ ZIP Code _____ | | | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |
| County _____ | | | Current value of the entire property? Current value of the portion you own? |
| | | | \$ _____ \$ _____ |
| | | | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| | | | |
| | | | Who has an interest in the property? Check one. |
| | | | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another |
| | | | Check if this is community property (see instructions) |
| | | | Other information you wish to add about this item, such as local property identification number: _____ |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. | | | \$ 0.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1. Make: NISSAN
 Model: ALTIMA
 Year: 2017
 Approximate mileage: 105322
 Other information:
 FAIR CONDITION

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 10,350.00 \$ 0.00

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name

Last Name

| | | |
|--|---|---|
| <p>3.3. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> | <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> | <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ _____</p> <p>Current value of the portion you own? \$ _____</p> |
| <p>3.4. Make: _____ Model: _____ Year: _____ Approximate mileage: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> | <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> | <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ _____</p> <p>Current value of the portion you own? \$ _____</p> |
| <p>4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories</p> <p>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | |
| <p>4.1. Make: _____ Model: _____ Year: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> | <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> | <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ _____</p> <p>Current value of the portion you own? \$ _____</p> |
| <p>If you own or have more than one, list here:</p> <p>4.2. Make: _____ Model: _____ Year: _____ Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div></p> | <p>Who has an interest in the property? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> | <p>Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.</p> <p>Current value of the entire property? \$ _____</p> <p>Current value of the portion you own? \$ _____</p> |
| <p>5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here → \$ _____ 0.00</p> | | |

Debtor 1

LATOYIA

First Name

ROBERTS

Middle Name

Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

SOFA, COOKING UTENSILS, BEDDING

\$ 825.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

\$ 0.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ 0.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ 0.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ 0.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

CLOTHES \$ 160.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

\$ 0.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

\$ 0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 985.00

Debtor 1

LATOYIA

First Name

ROBERTS

Middle Name

Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes..... Cash: \$ 20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes..... Institution name:

| | | |
|--------------------------------|--------------|----------|
| 17.1. Checking account: | WELLS FARGO, | \$ 25.00 |
| 17.2. Checking account: | _____ | \$ _____ |
| 17.3. Savings account: | _____ | \$ _____ |
| 17.4. Savings account: | _____ | \$ _____ |
| 17.5. Certificates of deposit: | _____ | \$ _____ |
| 17.6. Other financial account: | CASH APP | \$ 5.00 |
| 17.7. Other financial account: | _____ | \$ _____ |
| 17.8. Other financial account: | _____ | \$ _____ |
| 17.9. Other financial account: | _____ | \$ _____ |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes..... Institution or issuer name:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

| | | |
|-------|---|----------|
| _____ | % | \$ _____ |
| _____ | % | \$ _____ |
| _____ | % | \$ _____ |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

20. Government and corporate bonds and other negotiable and non-negotiable Instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

\$ _____
\$ _____
\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

| | |
|-------------------------|----------|
| 401(k) or similar plan: | \$ _____ |
| Pension plan: | \$ _____ |
| IRA: | \$ _____ |
| Retirement account: | \$ _____ |
| Keogh: | \$ _____ |
| Additional account: | \$ _____ |
| Additional account: | \$ _____ |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.....

Institution name or individual:

| | |
|----------------------------------|----------|
| Electric: | \$ _____ |
| Gas: | \$ _____ |
| Heating oil: | \$ _____ |
| Security deposit on rental unit: | \$ _____ |
| Prepaid rent: | \$ _____ |
| Telephone: | \$ _____ |
| Water: | \$ _____ |
| Rented furniture: | \$ _____ |
| Other: | \$ _____ |

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description:

\$ _____
\$ _____
\$ _____

| | | | |
|----------|------------|-------------|------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (if known) |
| | First Name | Middle Name | Last Name |

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

\$ _____ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

\$ _____ 0.00

27. Licenses, franchises, and other general intangibles
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

\$ _____ 0.00

Money or property owed to you?

**Current value of the portion you own?
 Do not deduct secured claims or exemptions.**

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

\$ _____ 0.00

| | | | |
|----------|------------|-------------|------------------------------|
| Debtor 1 | LATOYIA | ROBERTS | Case number (if known) _____ |
| | First Name | Middle Name | Last Name |

31. Interests in insurance policies
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company _____ Company name: _____ Beneficiary: _____ Surrender or refund value: \$ _____
 Yes. Name the insurance company _____ Company name: _____ Beneficiary: _____ Surrender or refund value: \$ _____
 Yes. Name the insurance company _____ Company name: _____ Beneficiary: _____ Surrender or refund value: \$ _____

32. Any interest in property that is due you from someone who has died
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..... \$ _____ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment
Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim. \$ _____ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim. \$ _____ 0.00

35. Any financial assets you did not already list

No
 Yes. Give specific information..... \$ _____ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here → \$ _____ 50.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe..... \$ _____ 0.00

39. Office equipment, furnishings, and supplies
Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe..... \$ _____ 0.00

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe..... **CARPAYMENT** \$ 600.00

41. Inventory

No
 Yes. Describe..... \$ 0.00

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: % of ownership:
 _____ % \$ _____
 _____ % \$ _____
 _____ % \$ _____

43. Customer lists, mailing lists, or other compilations

No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe..... \$ 0.00

44. Any business-related property you did not already list

No
 Yes. Give specific information \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here → \$ 600.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes \$ _____

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

48. Crops—either growing or harvested

| | | |
|--|--|----------|
| <input type="checkbox"/> No | | \$ _____ |
| <input type="checkbox"/> Yes. Give specific information..... | | \$ _____ |

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

| | | |
|-----------------------------------|--|----------|
| <input type="checkbox"/> No | | \$ _____ |
| <input type="checkbox"/> Yes..... | | \$ _____ |

50. Farm and fishing supplies, chemicals, and feed

| | | |
|-----------------------------------|--|----------|
| <input type="checkbox"/> No | | \$ _____ |
| <input type="checkbox"/> Yes..... | | \$ _____ |

51. Any farm- and commercial fishing-related property you did not already list

| | | |
|--|--|----------|
| <input type="checkbox"/> No | | \$ _____ |
| <input type="checkbox"/> Yes. Give specific information..... | | \$ _____ |

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ _____ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

| | | |
|---|---|----------|
| <input type="checkbox"/> No | | \$ _____ |
| <input checked="" type="checkbox"/> Yes. Give specific information..... | PUBLIC STORAGE, LAMPS, DRESSER, COUCH AND CLOTHES, TWO BEDS | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ _____ 0.00

Part 8: List the Totals of Each Part of this Form

| | |
|---|--|
| 55. Part 1: Total real estate, line 2 | → \$ _____ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ _____ 0.00 |
| 57. Part 3: Total personal and household items, line 15 | \$ _____ 985.00 |
| 58. Part 4: Total financial assets, line 36 | \$ _____ 50.00 |
| 59. Part 5: Total business-related property, line 45 | \$ _____ 600.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ _____ 0.00 |
| 61. Part 7: Total other property not listed, line 54 | + \$ _____ 0.00 |
| 62. Total personal property. Add lines 56 through 61. | \$ _____ 1,635.00 |
| | Copy personal property total → + \$ _____ 1,635.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62..... | \$ _____ 1,635.00 |

Fill in this information to identify your case:

| | | |
|--|------------|-------------|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| Debtor 2 (Spouse, if filing) | Last Name | |
| | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (if known) | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|---|--|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |
| Brief description: <u>HOUSEHOLD, SOFA</u> | \$ <u>400.00</u> | <input checked="" type="checkbox"/> \$ <u>400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) <hr/> <hr/> |
| Line from <i>Schedule A/B</i> : <u>6</u> | | | |
| Brief description: <u>HOUSEHOLD, COOKING UTENSILS</u> | \$ <u>225.00</u> | <input checked="" type="checkbox"/> \$ <u>225.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) <hr/> <hr/> |
| Line from <i>Schedule A/B</i> : <u>6</u> | | | |
| Brief description: <u>HOUSEHOLD, BEDDING</u> | \$ <u>200.00</u> | <input checked="" type="checkbox"/> \$ <u>200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) <hr/> <hr/> |
| Line from <i>Schedule A/B</i> : <u>6</u> | | | |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description: CLOTHES | \$ 160.00 | <input checked="" type="checkbox"/> \$ 160.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(4) |
| Line from Schedule A/B: 11 | | | |
| Brief description: CASH | \$ 20.00 | <input checked="" type="checkbox"/> \$ 20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(6) |
| Line from Schedule A/B: 16 | | | |
| Brief description: CHECKING ACCOUNT, WELLS FARGO | \$ 25.00 | <input checked="" type="checkbox"/> \$ 25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(6) |
| Line from Schedule A/B: 17 | | | |
| Brief description: OTHER FINANCIAL ACCOUNT, CASH | \$ 5.00 | <input checked="" type="checkbox"/> \$ 5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(6) |
| Line from Schedule A/B: 17 | | | |
| Brief description: TOOLS OF TRADE, CARPAYMENT | \$ 600.00 | <input checked="" type="checkbox"/> \$ 600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ga. Code Ann. § 44-13-100 (a)(7) |
| Line from Schedule A/B: 40 | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |
| Brief description: | \$ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | | | |

| | | |
|--|------------|-------------|
| Fill in this information to identify your case: | | |
| Debtor 1 | LATOYA | ROBERTS |
| | First Name | Middle Name |
| Debtor 2 (Spouse, if filing) | | Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Creditor's Name | Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|---|---|---|--|--------------------------------------|
| 2.1 BRIDGECREST 4020 E INDIAN SCHOOL RD Number Street | AUTOMOBILE ALTIMA NISSAN | \$ 16,255.00 | \$ 10,350.00 | \$ 5,905.00 |
| PHOENIX AZ 85018 City State ZIP Code | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | |
| Date debt was incurred 3/19/20 | Last 4 digits of account number 5801 | | | |
| 2.2 Creditor's Name Number Street City State ZIP Code | Describe the property that secures the claim: | \$ _____ | \$ _____ | \$ _____ |
| Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$ 16,255.00 | | | | |

Fill in this information to identify your case:

| | | |
|--|------------|---|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

2.1

Priority Creditor's Name _____ Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

2.2

Priority Creditor's Name _____ Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Is the claim subject to offset?

- No
- Yes

Debtor 1

LATOYIA

ROBERTS

First Name Middle Name

Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

| | | | | | |
|-----|---|--|--|---|--------------------|
| 4.1 | CAPIO PARTNERS LLC Nonpriority Creditor's Name 2222 TEXOMA PKWY STE 150 Number Street SHERMAN TX 75090 City State ZIP Code | | | Last 4 digits of account number <u>4137</u> | \$ <u>1,047.00</u> |
| | | | | When was the debt incurred? <u>4/28/21</u> | |
| | | | | As of the date you file, the claim is: Check all that apply. | |
| | | | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | | | | Type of NONPRIORITY unsecured claim: | |
| | | | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>COLLECTION</u> | |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.2 | CAPITAL ONE BANK USA N Nonpriority Creditor's Name PO BOX 85520 Number Street RICHMOND VA 23285 City State ZIP Code | | | Last 4 digits of account number <u>0558</u> | \$ <u>429.00</u> |
| | | | | When was the debt incurred? <u>12/24/15</u> | |
| | | | | As of the date you file, the claim is: Check all that apply. | |
| | | | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | | | Type of NONPRIORITY unsecured claim: | |
| | | | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u> | |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.3 | COMENITYBANK/VICTORIA Nonpriority Creditor's Name PO BOX 182789 Number Street COLUMBUS OH 43218 City State ZIP Code | | | Last 4 digits of account number <u>7418</u> | \$ <u>0.00</u> |
| | | | | When was the debt incurred? <u>1/19/16</u> | |
| | | | | As of the date you file, the claim is: Check all that apply. | |
| | | | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | | | | Type of NONPRIORITY unsecured claim: | |
| | | | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u> | |
| | Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1

LATOVIA

First Name

ROBERTS

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

CREDIT CONTROL CORP

Nonpriority Creditor's Name

11825 ROCKLANDING DR

Number Street

NEWPORT NEWS

VA

23606

City

State

ZIP Code

Last 4 digits of account number 4584\$ 277.00When was the debt incurred? 2/2/18

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify COLLECTION

4.5

CREDIT CONTROL CORP

Nonpriority Creditor's Name

11825 ROCKLANDING DR

Number Street

NEWPORT NEWS

VA

23606

City

State

ZIP Code

Last 4 digits of account number 9211\$ 467.00When was the debt incurred? 4/15/21

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify COLLECTION

4.6

CREDIT CONTROL CORP

Nonpriority Creditor's Name

11825 ROCKLANDING DR

Number Street

NEWPORT NEWS

VA

23606

City

State

ZIP Code

Last 4 digits of account number 6460\$ 505.00When was the debt incurred? 7/20/20

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify COLLECTION

Debtor 1

LATOYIA

ROBERTS

Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

CREDIT CONTROL CORP

Nonpriority Creditor's Name

11825 ROCKLANDING DR

Number Street

NEWPORT NEWS

VA

23606

City

State

ZIP Code

Last 4 digits of account number 5581

\$ 716.00

When was the debt incurred? 1/18/21

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify COLLECTION

4.8

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0523

\$ 583.00

When was the debt incurred? 5/22/19

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.9

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0216

\$ 1,005.00

When was the debt incurred? 2/16/17

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1

LATOVIA

First Name

ROBERTS

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|--|---|---|--------------------|
| 4.10 | DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code | Last 4 digits of account number <u>1024</u> When was the debt incurred? <u>10/24/11</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ <u>1,222.00</u> |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.11 | DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code | Last 4 digits of account number <u>0216</u> When was the debt incurred? <u>2/16/16</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ <u>1,509.00</u> |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.12 | DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code | Last 4 digits of account number <u>0613</u> When was the debt incurred? <u>6/13/17</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ <u>1,655.00</u> |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1

LATOVIA

ROBERTS

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0614\$ 1,748.00When was the debt incurred? 6/14/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

4.14

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0926\$ 1,761.00When was the debt incurred? 9/26/17

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

4.15

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0924\$ 2,515.00When was the debt incurred? 9/24/14

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Debtor 1

LATONYA

ROBERTS

Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.16

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0216\$ 2,792.00When was the debt incurred? 2/16/17

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.17

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0921\$ 3,006.00When was the debt incurred? 9/19/18

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.18

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0924\$ 3,019.00When was the debt incurred? 9/24/15

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1

LATOYA

ROBERTS

Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 1024

\$ 3,370.00

When was the debt incurred? 10/24/11

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.20

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0921

\$ 3,500.00

When was the debt incurred? 9/19/18

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.21

DEPT OF ED/NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES BARRE

PA

18773

City

State

ZIP Code

Last 4 digits of account number 0927

\$ 3,520.00

When was the debt incurred? 9/27/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1

LATOYA

ROBERTS

Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|---|---|--|--|--|
| 4.22 | DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code | Last 4 digits of account number <u>0924</u> When was the debt incurred? <u>9/24/14</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ <u>3,525.00</u> | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code | | | Last 4 digits of account number <u>0926</u> When was the debt incurred? <u>9/26/13</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| DEPT OF ED/NAVIENT Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code | | | Last 4 digits of account number <u>0216</u> When was the debt incurred? <u>2/16/16</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1

LATONYA

ROBERTS

First Name Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

| | | |
|------|---|--|
| 4.25 | <p>DEPT OF ED/NAVIENT</p> <p>Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0615</u> \$ <u>4,306.00</u></p> <p>When was the debt incurred? <u>6/15/15</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> |
| 4.26 | <p>DEPT OF ED/NAVIENT</p> <p>Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0926</u> \$ <u>7,521.00</u></p> <p>When was the debt incurred? <u>9/26/13</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> |
| 4.27 | <p>DEPT OF ED/NAVIENT</p> <p>Nonpriority Creditor's Name PO BOX 9635 Number Street WILKES BARRE PA 18773 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0523</u> \$ <u>9,354.00</u></p> <p>When was the debt incurred? <u>5/22/19</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p> |

Debtor 1 LATOYIA ROBERTS Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|------|---|--|
| 4.28 | EDC/PAYLEASE LLC Nonpriority Creditor's Name 9330 SCRANTON RD STE 450 Number Street SAN DIEGO CA 92121 City State ZIP Code | Last 4 digits of account number 8190 \$ 0.00 |
|------|---|--|

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify OTHER

| | | |
|------|--|--|
| 4.29 | FIRST PREMIER BANK Nonpriority Creditor's Name 601 S MINNESOTA AVE Number Street SIOUX FALLS SD 57104 City State ZIP Code | Last 4 digits of account number 9814 \$ 299.00 |
|------|--|--|

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

| | | |
|------|--|--|
| 4.30 | FIRST PREMIER BANK Nonpriority Creditor's Name 601 S MINNESOTA AVE Number Street SIOUX FALLS SD 57104 City State ZIP Code | Last 4 digits of account number 6882 \$ 993.00 |
|------|--|--|

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

Debtor 1

LATOYIA

ROBERTS

First Name Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|--|------------|---|------------------|
| 4.31 | JPMCB CARD | Last 4 digits of account number <u>1911</u> | \$ <u>688.00</u> |
| Nonpriority Creditor's Name PO BOX 15298 | | When was the debt incurred? <u>12/19/15</u> | |
| Number Street WILMINGTON | | DE | ZIP Code 19850 |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u> | |
| Last 4 digits of account number <u>CXVD</u> \$ <u>6.00</u> | | | |
| Nonpriority Creditor's Name 75 BROADWAY STE 226 | | When was the debt incurred? <u>7/3/21</u> | |
| Number Street SAN FRANCISCO | | CA | 94111 |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u> | |
| Last 4 digits of account number <u>2028</u> \$ <u>574.00</u> | | | |
| Nonpriority Creditor's Name N56 RIDGEWOOD DR | | When was the debt incurred? <u>12/23/15</u> | |
| Number Street MENOMONEE FAL | | WI | 53051 |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u> | |

Debtor 1 LATOYA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|------|--|--|
| 4.34 | <p>LVNV FUNDING LLC Nonpriority Creditor's Name PO BOX 740281 Number Street HOUSTON TX 77274 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>9394</u> \$ <u>563.00</u></p> <p>When was the debt incurred? <u>7/24/20</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>OTHER</u></p> |
| 4.35 | <p>PARAMONT CAPITAL GROUP Nonpriority Creditor's Name 300 CONSHOHOCKEN STATE R Number Street CONSHOHOCKEN PA 19428 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>0862</u> \$ <u>0.00</u></p> <p>When was the debt incurred? <u>3/15/21</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>OTHER</u></p> |
| 4.36 | <p>SELECT AUTOMTV/GLOBAL Nonpriority Creditor's Name 5073 VIRGINIA BEACH BLVD Number Street VIRGINIA BCH VA 23462 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>#448</u> \$ <u>5,197.00</u></p> <p>When was the debt incurred? <u>3/10/18</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>AUTOMOBILE</u></p> |

Debtor 1 LATOYIA ROBERTS Case number (if known) _____

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|------|---|---|
| 4.37 | <p>SEQUIM ASSET SOLUTION Nonpriority Creditor's Name 1130 NORTHCHASE PKWY SE Number Street MARIETTA GA 30067 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>7227</u> \$ <u>242.00</u></p> <p>When was the debt incurred? <u>8/30/21</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>COLLECTION</u></p> |
| 4.38 | <p>SYNCB/AMAZON Nonpriority Creditor's Name PO BOX 965015 Number Street ORLANDO FL 32896 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>8177</u> \$ <u>0.00</u></p> <p>When was the debt incurred? <u>12/20/15</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CREDIT CARD</u></p> |
| 4.39 | <p>SPINT Nonpriority Creditor's Name PO BOX 4191 CAROL STREAM, IL 60197 Number Street PO BOX 4191 CAROL STREAM, IL VA 60197 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>8350</u> \$ <u>1,023.00</u></p> <p>When was the debt incurred? <u>8/8/21</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>COLLECTION</u></p> |

Debtor 1

LATOYIA

ROBERTS

First Name Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.40

TBOM/MILESTONE

Nonpriority Creditor's Name

PO BOX 4499

Number Street

BEAVERTON

OR

97076

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 5007

\$ 536.00

When was the debt incurred? 9/12/21

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

4.41

WEBBANK/FINGERHUT

Nonpriority Creditor's Name

6250 RIDGEWOOD RD

Number Street

SAINT CLOUD

MN

56303

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 6811

\$ 0.00

When was the debt incurred? 3/6/18

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify CREDIT CARD

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify

Debtor 1

LATOYIA

First Name

ROBERTS

Middle Name

Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1 **6a. Domestic support obligations** 6a. \$ _____ 0.00

6b. Taxes and certain other debts you owe the government 6b. \$ _____ 0.00

6c. Claims for death or personal injury while you were intoxicated 6c. \$ _____ 0.00

6d. Other. Add all other priority unsecured claims.
Write that amount here. 6d. + \$ _____ 0.00

6e. Total. Add lines 6a through 6d.

Total claim

6e. \$ _____ 0.00

Total claims from Part 2 **6f. Student loans** 6f. \$ _____ 63,629.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ _____ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ _____ 0.00

6i. Other. Add all other nonpriority unsecured claims.
Write that amount here. 6i. + \$ _____ 13,562.00

6j. Total. Add lines 6f through 6i.

Total claim

6j. \$ _____ 77,191.00

| | | |
|--|------------|-------------|
| Fill in this information to identify your case: | | |
| Debtor | LATOIA | ROBERTS |
| | First Name | Middle Name |
| | | Last Name |
| Debtor 2 (Spouse if filing) | First Name | Middle Name |
| | | Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) _____ | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

SPRINT/T-MOBILE

LEASE (OTHER): CELL PHONE

Name

6391 SPRINT PARKWAY

Number Street

OVERLAND PARK KS 66211

City

State ZIP Code

2.2

PUBLIC STORAGE

LEASE (OTHER): STORAGE

Name

1409 DIAMOND SPRINGS ROAD

Number Street

VIRGINIA BEACH VA 23455

City

State ZIP Code

2.3

BAYVILLE APARTMENTS/THALMIER

LEASE (RENT): RENT

Name

1512 KINDLY LANE

Number Street

VIRGINIA BEACH VA 23455

City

State ZIP Code

2.4

Name

Number Street

City

State ZIP Code

Fill in this information to identify your case:

| | | |
|---|----------------|----------------|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) _____ | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Number Street _____

Schedule E/F, line _____

City State ZIP Code _____

Schedule G, line _____

3.2

Name _____

Schedule D, line _____

Number Street _____

Schedule E/F, line _____

City State ZIP Code _____

Schedule G, line _____

3.3

Name _____

Schedule D, line _____

Number Street _____

Schedule E/F, line _____

City State ZIP Code _____

Schedule G, line _____

Fill in this information to identify your case:

| | | |
|--|------------|-------------|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation

FOOD PREPARATION AND SER

Employer's name

DOOR DASH

Employer's address

5825 GLENRIDGE DR BUILDING

Number Street

Number Street

ATLANTA, GA CA 30328

City State ZIP Code

City State ZIP Code

How long employed there? 4 MONTHS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,266.00

\$ _____

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 3,266.00

\$ _____

Debtor 1 LATOYIA ROBERTS _____ Case number (if known) _____

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--|--|
| Copy line 4 here..... | → 4. | \$ 3,266.00 |
| 5. Indicate whether you have the payroll deductions below: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>370.00</u> | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>0.00</u> | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>0.00</u> | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0.00</u> | \$ _____ |
| 5e. Insurance | 5e. \$ <u>0.00</u> | \$ _____ |
| 5f. Domestic support obligations | 5f. \$ <u>0.00</u> | \$ _____ |
| 5g. Union dues | 5g. \$ <u>0.00</u> | \$ _____ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ <u>0.00</u> | + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ <u>370.00</u> | \$ _____ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ <u>2,896.00</u> | \$ _____ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | 8a. \$ <u>0.00</u> | \$ _____ |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | | |
| 8b. Interest and dividends | \$ <u>0.00</u> | \$ _____ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | \$ <u>0.00</u> | \$ _____ |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | |
| 8d. Unemployment compensation | \$ <u>0.00</u> | \$ _____ |
| 8e. Social Security | \$ <u>0.00</u> | \$ _____ |
| 8f. Other government assistance that you regularly receive | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies. | | |
| Specify (Debtor 1): | Specify (Debtor 2 or Non-Filing Spouse): | |
| | \$ <u>0.00</u> | \$ _____ |
| 8g. Pension or retirement income | \$ <u>0.00</u> | \$ _____ |
| 8h. Other monthly income. | | |
| Specify (Debtor 1): | Specify (Debtor 2 or Non-Filing Spouse): | |
| | \$ <u>0.00</u> | \$ _____ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | \$ <u>0.00</u> | \$ _____ |
| 10. Calculate monthly income. Add line 7 + line 9. | \$ <u>2,896.00</u> | + \$ _____ = \$ <u>2,896.00</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. | | |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | |
| Specify: _____ | 11. + \$ <u>0.00</u> | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. \$ <u>2,896.00</u> | Combined monthly income _____ |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. | | |
| <input checked="" type="checkbox"/> Yes. Explain: NO | | |

Fill in this information to identify your case:

| | | |
|--|------------|-------------|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Attachment on Additional Employment/Businesses

12/15

Fill in information about your additional sole proprietorship business

Name of second business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

Fill in information about your additional employments

Debtor 1

Debtor 2 or non-filing spouse

2. Occupation

ADMISSIONS REP

Employer's name

GEORGIA DRIVING ACADEMY

Employer's address

1035 SIGMAN ROAD NORTHEA

Number Street

Number Street

CONYERS GA 30012

City State ZIP Code

City State ZIP Code

How long employed there? 3 MONTHS

3. Occupation

Employer's name

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there?

Fill in this information to identify your case:

| | | |
|--|------------|-------------|
| Debtor 1 | LATOYA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) | | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

| <input type="checkbox"/> No | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|--|-----------------|--|
| <input checked="" type="checkbox"/> Yes. Fill out this information for each dependent..... | CHILD | 20 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

| Your expenses | |
|---------------|-------------|
| 4. | \$ 1,000.00 |
| 4a. | \$ _____ |
| 4b. | \$ 250.00 |
| 4c. | \$ 80.00 |
| 4d. | \$ _____ |

| Debtor 1 | LATOYIA | ROBERTS | Case number (if known) |
|----------------------|--|-------------|------------------------|
| | First Name | Middle Name | Last Name |
| Your expenses | | | |
| 5. | Additional mortgage payments for your residence, such as home equity loans | | |
| 5. | \$ 0.00 | | |
| 6. | Utilities: | | |
| 6a. | Electricity, heat, natural gas | | |
| 6a. | \$ 160.00 | | |
| 6b. | Water, sewer, garbage collection | | |
| 6b. | \$ 80.00 | | |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | | |
| 6c. | \$ 60.00 | | |
| 6d. | Other. Specify: _____ | | |
| 6d. | \$ 0.00 | | |
| 7. | Food and housekeeping supplies | | |
| 7. | \$ 150.00 | | |
| 8. | Childcare and children's education costs | | |
| 8. | \$ 0.00 | | |
| 9. | Clothing, laundry, and dry cleaning | | |
| 9. | \$ 80.00 | | |
| 10. | Personal care products and services | | |
| 10. | \$ 20.00 | | |
| 11. | Medical and dental expenses | | |
| 11. | \$ 780.00 | | |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | | |
| 12. | \$ 210.00 | | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | | |
| 13. | \$ 80.00 | | |
| 14. | Charitable contributions and religious donations | | |
| 14. | \$ 20.00 | | |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. | Life insurance | | |
| 15a. | \$ 0.00 | | |
| 15b. | Health insurance | | |
| 15b. | \$ 130.00 | | |
| 15c. | Vehicle insurance | | |
| 15c. | \$ 225.00 | | |
| 15d. | Other insurance. Specify: _____ | | |
| 15d. | \$ 0.00 | | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | |
| 16. | \$ 0.00 | | |
| 17. | Installment or lease payments: | | |
| 17a. | Car payments for Vehicle 1 | | |
| 17a. | \$ _____ | | |
| 17b. | Car payments for Vehicle 2 | | |
| 17b. | \$ _____ | | |
| 17c. | Other. Specify: _____ | | |
| 17c. | \$ 0.00 | | |
| 17d. | Other. Specify: _____ | | |
| 17d. | \$ 0.00 | | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | |
| 18. | \$ 0.00 | | |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | | |
| 19. | \$ 100.00 | | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. | Mortgages on other property | | |
| 20a. | \$ 0.00 | | |
| 20b. | Real estate taxes | | |
| 20b. | \$ 0.00 | | |
| 20c. | Property, homeowner's, or renter's insurance | | |
| 20c. | \$ 0.00 | | |
| 20d. | Maintenance, repair, and upkeep expenses | | |
| 20d. | \$ 0.00 | | |
| 20e. | Homeowner's association or condominium dues | | |
| 20e. | \$ 0.00 | | |

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name

Case number (*if known*) _____

21. Other. Specify: STORAGE, REPAYMENT STUDENT LOAN

21. +\$ 320.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,745.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,745.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 2,896.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,745.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -849.00

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: NO

| | | |
|--|------------|---|
| Fill in this information to identify your case: | | |
| Debtor 1 | LATOYA | ROBERTS |
| | First Name | Middle Name |
| | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | |
| Case number (If known) | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: BRIDGECREST

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Creditor's name:

Surrender the property.

No

Description of property securing debt:

Retain the property and redeem it.

Yes

Retain the property and enter into a Reaffirmation Agreement.

Retain the property and [explain]: _____

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: SPRINT/T-MOBILE

No

Yes

Description of leased LEASE (OTHER): CELL PHONE
property:

Lessor's name: PUBLIC STORAGE

No

Yes

Description of leased LEASE (OTHER): STORAGE
property:

Lessor's name:

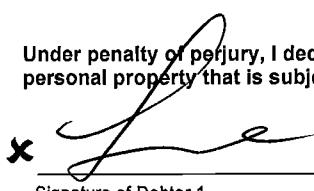
No

Yes

Description of leased
property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X 

Signature of Debtor 1

X

Signature of Debtor 2

Date 12 14 2021
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | |
|---|------------------------------|-------------|
| Debtor 1 | LATOYIA | ROBERTS |
| | First Name | Middle Name |
| | | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA | |
| Case number | (If known) | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

- | | |
|---|-------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | \$ 0 |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | \$ 0 |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ 1,635.00 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ 1,635.00 |

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

- | | |
|---|----------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 16,255.00 |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ 16,255.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ 77,191.00 |

Your total liabilities

\$ 93,446.00

Part 3: Summarize Your Income and Expenses

- | | |
|---|-------------|
| 4. Schedule I: Your Income (Official Form 106I) | \$ 2,896.00 |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 2,896.00 |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$ 3,745.00 |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,745.00 |

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,274.95

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 63,629.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. Total. Add lines 9a through 9f. \$ 63,629.00

Fill in this information to identify your case:

| | | | |
|--|------------|-------------|-----------|
| Debtor 1 | LATOYIA | ROBERTS | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA | | | |
| Case number (If known) _____ | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date 12 14 2021
MM / DD / YYYY

Date _____
MM / DD / YYYY

| | | |
|---|------------------------------|-------------|
| Fill in this information to identify your case: | | |
| Debtor 1 | LATOYA | ROBERTS |
| | First Name | Middle Name |
| Debtor 2 (Spouse, if filing) | | Last Name |
| | First Name | Middle Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA | |
| | (State) | |
| Case number (If known) | | |

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.
2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|--|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ 1,231.33 | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ 0.00 | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ 0.00 | \$ _____ |
| 5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) | Debtor 1 Debtor 2 \$ 43.62 \$ _____ | |
| Ordinary and necessary operating expenses | - \$ 0.00 - \$ _____ | |
| Net monthly income from a business, profession, or farm | \$ 43.62 \$ _____ | Copy here → \$ 43.62 \$ _____ |
| 6. Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 Debtor 2 \$ 0.00 \$ _____ | |
| Ordinary and necessary operating expenses | - \$ 0.00 - \$ _____ | |
| Net monthly income from rental or other real property | \$ 0.00 \$ _____ | Copy here → \$ 0.00 \$ _____ |
| 7. Interest, dividends, and royalties | | \$ 0.00 \$ _____ |

| | | | |
|----------|------------|-------------|------------------------------|
| Debtor 1 | LATOYA | ROBERTS | Case number (if known) _____ |
| | First Name | Middle Name | Last Name |

| | <i>Column A Debtor 1</i> | <i>Column B Debtor 2 or non-filing spouse</i> |
|--|---|---|
| 8. Unemployment compensation | \$ <u>0.00</u> | \$ _____ |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: <input type="text"/> | | |
| For you | \$ <input type="text"/> | |
| For your spouse | \$ <input type="text"/> | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | \$ <u>0.00</u> | \$ _____ |
| 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1801 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Total amounts from separate pages, if any. | <input type="text"/> | <input type="text"/> |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | <input type="text"/> + <input type="text"/> | <input type="text"/> + <input type="text"/> = <input type="text"/> <small>Total current monthly Income</small> |

Part 2: Determine Whether the Means Test Applies to You

| | |
|--|--|
| <p>12. Calculate your current monthly income for the year. Follow these steps:</p> <p>12a. Copy your total current monthly income from line 11..... <input type="text"/> <small>Copy line 11 here →</small> <input type="text"/> \$ <u>1,274.95</u></p> <p>Multiply by 12 (the number of months in a year).</p> <p>12b. The result is your annual income for this part of the form. <input type="text"/> x <u>12</u> <input type="text"/> \$ <u>15,299.38</u></p> | <p>13. Calculate the median family income that applies to you. Follow these steps:</p> <p>Fill in the state in which you live. <input type="text"/> GA</p> <p>Fill in the number of people in your household. <input type="text"/> 2</p> <p>Fill in the median family income for your state and size of household. <input type="text"/> 13. <input type="text"/> \$ <u>68,295.00</u></p> <p>To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.</p> |
|--|--|

14. How do the lines compare?

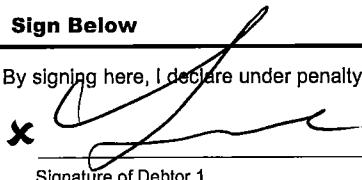
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Debtor 1 LATOYIA ROBERTS
First Name Middle Name Last Name Case number (*if known*) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



Signature of Debtor 1

Date 12 14 2021
MM / DD / YYYY



Signature of Debtor 2

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT FOR THE
NORTHERN DISTRICT OF GEORGIA

IN RE: _____)
))
)) Case No. _____
LATOYIA ROBERTS _____))
 Debtor.) Chapter 7

VERIFICATION OF MATRIX

The above named debtor hereby verifies that the attached List of Creditors is true
and correct to the best of his/her/their knowledge.

Date: 12-14-2021


Debtor Signature

BANK OF MISSOURI
PO BOX 4499
BEAVERTON, OR 97076

BAYVILLE APARTMENTS/THALMIER
1512 KINDLY LANE
VIRGINIA BEACH, VA 23455

BRIDGECREST
4020 E INDIAN SCHOOL RD
PHOENIX, AZ 85018

CAPIO PARTNERS LLC
2222 TEXOMA PKWY STE 150
SHERMAN, TX 75090

CAPITAL ONE BANK USA N
PO BOX 85520
RICHMOND, VA 23285

COMENITYBANK/VICTORIA
PO BOX 182789
COLUMBUS, OH 43218

CREDIT CONTROL CORP
11825 ROCKLANDING DR
NEWPORT NEWS, VA 23606

DEPT OF ED/NAVIENT
PO BOX 9635
WILKES BARRE, PA 18773

EDC/PAYLEASE LLC
9330 SCRANTON RD STE 450
SAN DIEGO, CA 92121

FIRST PREMIER BANK
601 S MINNESOTA AVE
SIOUX FALLS, SD 57104

JPMCB CARD
PO BOX 15298
WILMINGTON, DE 19850

KIKOFF LENDING LLC
75 BROADWAY STE 226
SAN FRANCISCO, CA 94111

KOHLS/CAPONE
N56 RIDGEWOOD DR
MENOMONEE FAL, WI 53051

LVNV FUNDING LLC
PO BOX 740281
HOUSTON, TX 77274

PARAMONT CAPITAL GROUP
300 CONSHOHOCKEN STATE R
CONSHOHOCKEN, PA 19428

PUBLIC STORAGE
1409 DIAMOND SPRINGS ROAD
VIRGINIA BEACH, VA 23455

SELECT AUTOMTV/GLOBAL
5073 VIRGINIA BEACH BLVD
VIRGINIA BCH, VA 23462

SEQUIUM ASSET SOLUTION
1130 NORTHCHASE PKWY SE
MARIETTA, GA 30067

SPINT

PO BOX 4191 CAROL STREAM, IL 60197

SPRINT

PO BOX 4191 CAROL STREAM, IL, VA 60197

SPRINT/T-MOBILE

6391 SPRINT PARKWAY

OVERLAND PARK, KS 66211

SYNCB/AMAZON

PO BOX 965015

ORLANDO, FL 32896

TBOM/MILESTONE

PO BOX 4499

BEAVERTON, OR 97076

WEBBANK/FINGERHUT

6250 RIDGEWOOD RD

SAINT CLOUD, MN 56303

U. S. BANKRUPTCY COURT / NORTHERN DISTRICT OF GEORGIA / ATLANTA DIVISION

RECEIPT #01266405 (RS) OF 12/14/2021

| ITEM | CODE | CASE | QUANTITY | AMOUNT | BY |
|--------|------|------------------------------------|----------|---------|----------|
| 1 | 7IN | 21-59288 | 1 | \$ 0.00 | Currency |
| | | Judge - unknown at time of receipt | | | |
| | | Debtor - LATOYIA ROBERTS | | | |
| TOTAL: | | | | \$ 0.00 | |

FROM: Latoyia Roberts
313 Haymarket Lane
Lawrenceville, GA 30046

Case Number: 21-59288

Name: Roberts

Chapter: 7

Please submit the following original documents to the Court for filing so that the case will proceed timely. If you would like to have a filed-stamped copy of the documents, please submit an extra copy along with a self-addressed stamped envelope.

Individual - Series 100 Forms

Non-Individual - Series 200 Forms

MISSING DOCUMENTS DUE WITHIN 7 DAYS

- Complete List of Creditors (names and addresses of all creditors)
- Pro Se Affidavit (**due within 7 days**, signature must be **notarized**, or **witnessed** by a Court Intake Clerk, accompanied by a picture I.D.)
- Signed Statement of SSN (**due within 7 days**)

MISSING DOCUMENTS DUE WITHIN 14 DAYS

- Statement of Financial Affairs
- Schedules: A/B C D E/F G H I J J-2 (*different address for Debtor 2*)
- Summary of Assets and Liabilities
- Declaration About Debtor(s) Schedules
- Attorney Disclosure of Compensation
- Petition Preparer's Notice, Declaration and Signature (*Form 119*)
- Disclosure of Compensation of Petition Preparer (*Form 2800*)
- Chapter 13 Current Monthly Income
- Chapter 7 Current Monthly Income
- Chapter 11 Current Monthly Income
- Certificate of Credit Counseling (*Individuals only*)
- Pay Advices (*Individuals only*) (*2 Months*)
- Chapter 13 Plan, complete with signatures (*local form*)
- Corporate Resolution (*Business Ch. 7 & 11*)

Ch.11 Business

- 20 Largest Unsecured Creditors
- List of Equity Security Holders
- Small Business - Balance Sheet
- Small Business - Statement of Operations
- Small Business - Cash Flow Statement
- Small Business - Federal Tax Returns

MISSING DOCUMENTS DUE WITHIN 30 DAYS

- Statement of Intent – Ch. 7 (*Individuals only*)

Petition Deficiencies:

- Last 4 digits of SSN
- Address County
- Type of Debtor
- Chapter
- Nature of Debts
- Statistical Estimates
- Venue
- Attorney Bar Number

Case filed via:

- Intake Counter by:
 - Attorney
 - Debtor - verified ID 404-322-5567
 - Other - copy of ID:

Mailed by:

- Attorney
- Debtor
- Other: _____

Email [Pursuant to General Order 45-2021, this petition was received for filing via email]

History of Case Association

Prior cases within 2 years: _____

Signature: _____

Acknowledgment of receipt of Deficiency Notice

Official and Local Bankruptcy Forms are available on the Court's website at: www.ganb.uscourts.gov. If filing bankruptcy without an attorney, please read the information regarding *Filing Bankruptcy without an Attorney* at: www.uscourts.gov/services-forms/bankruptcy/filing-without-attorney.

FILING FEE INFORMATION - if the required filing fees are not paid in full at the time of case filing, an Order will be forthcoming:

Online Payment for Filing Fee <https://www.ganb.uscourts.gov/online-payments> (not for chapter 13 plan payments)

- Paid \$ 0 2g-Order Granting 3g-Order Granting 10-day (initial payment of \$ 78.00 due within 10 days)
- 2d-Order Denying with filing fee of \$ _____ due within 10 days IFP filed (Ch.7 Individuals Only)
- No Application to Pay in Installments, Order Regarding Unpaid Case Filing Fee.

You may mail documents and filing fee payments (no personal checks accepted - cashier's check or money orders only) to the address below.

All fee payments and documents filed with the Court must show the debtor's name and bankruptcy case number.

****Failure to Comply may result in the dismissal of your case.****

UNITED STATES BANKRUPTCY COURT

75 Ted Turner Drive, SW, Room 1340

Atlanta, Georgia 30303

404-215-1000